

400-00-7508
Description: MFJ, one blind, with dependents, retirement, credits, Direct Deposit
Forms: AZ-140, 301, 302, 304, 305, 308I, 315, 320, 331, 333, 334, 131, 8453
PATS Info
AZ-140: Income from W2
Income from interest
Income from 1099R for Lump Sum Distribution
Income from 1099R or W-2P for RR retirement
Income from Schedule C
Income from form 4972
Ordinary income from lump sum distributions
Interst on US obligations
Overpayment with Direct Deposit
Claim refund for deceased taxpayer

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning

, 2006, ending

, 20

OMB. No. 1545-0074

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

L
A
B
E
L

H
O
M
E
R
E

Your first name and initial

Last name

DECEASED - 20061015

Your social security number

400-00-7508

TEST

FOREMAN

If a joint return, spouse's first name and initial

Last name

SOPHIA

HAPGOOD

Spouse's social security number

118-91-9819

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

4664 COUSINS PL

You must enter your SSN(s) above.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

LAKE HAVASU CITY

AZ 86403

Checking a box below will not change your tax or refund.

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

You

Spouse

Filing Status

Check only one box.

1

Single

4

Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

2

X Married filing jointly (even if only one had income)

3

Married filing separately. Enter spouse's SSN above and full name here.

5

Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a

X Yourself. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b

2

b

X Spouse

No. of children on 6c who:

c

Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Check if qualifying child for child tax credit (see pg 19)

JACK

FOREMAN

189-19-8918

Son

X

SUE

FOREMAN

289-49-8798

Daughter

X

lived with you
did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above

4

d

Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7

Wages, salaries, tips, etc. Attach Form(s) W-2

7

17,400

8a

Taxable interest. Attach Schedule B if required

8a

2,150

b

Tax-exempt interest. Do not include on line 8a

8b

9a

Ordinary dividends. Attach Schedule B if required

9a

4,860

b

Qualified dividends (see page 23)

9b

10

Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

10

11

Alimony received

11

12

Business income or (loss). Attach Schedule C or C-EZ

12

103,689

13

Capital gain or (loss). Attach Schedule D if required. If not required, check here

13

14

Other gains or (losses). Attach Form 4797

14

15a

IRA distributions

15a

b Taxable amount (see page 25)

15b

16a

Pensions and annuities

16a

1,501

b Taxable amount (see page 25)

16b

1,500

17

Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18

Farm income or (loss). Attach Schedule F

18

19

Unemployment compensation

19

20a

Social security benefits

20a

b Taxable amount (see page 27)

20b

21

Other income.

21

22

Add the amounts in the far right column for lines 7 through 21. This is your total income

22

129,599

Adjusted Gross Income

23

Archer MSA deduction. Attach Form 8853

23

24

Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25

Health savings account deduction. Attach Form 8889

25

26

Moving expenses. Attach Form 3903

26

27

One-half of self-employment tax. Attach Schedule SE

27

7,326

28

Self-employed SEP, SIMPLE, and qualified plans

28

29

Self-employed health insurance deduction (see page 30)

29

30

Penalty on early withdrawal of savings

30

31a

Alimony paid b Recipient's SSN

31a

32

IRA deduction (see page 31)

32

33

Student loan interest deduction (see page 33)

33

34

Jury duty pay you gave to your employer

34

35

Domestic production activities deduction. Attach Form 8903

35

36

Add lines 23 through 31a and 32 through 35

36

7,326

37

Subtract line 36 from line 22. This is your adjusted gross income

37

122,273

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.

• All others:
Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)	38	122,273
39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a 1 if: <input type="checkbox"/> Spouse was born before January 2, 1942, <input checked="" type="checkbox"/> Blind. 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	36,880
41	Subtract line 40 from line 38	41	85,393
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	13,200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	72,193
44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input checked="" type="checkbox"/> Form 4972	44	11,369
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	11,369
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Residential energy credits. Attach Form 5695	52	
53	Child tax credit (see page XX). Attach Form 8901 if required	53	1,350
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	1,350
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	10,019

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	14,651
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	24,670

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	2,100
65	2006 estimated tax payments and amount applied from 2005 return	65	500
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election • ▶ 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	2,600

Refund

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here • ▶ <input type="checkbox"/>	74a	
b	Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2007 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76	22,070
77	Estimated tax penalty (see page 60)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ Yes. Complete the following. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sign Here

Joint return? See page 17.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
FILED AS SURVIVING SPOUSE		STOCK BROKER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	928-555-1254
		SPY	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.

SCHEDULES A&B
(Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074

2006

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A & B (Form 1040).**

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

TEST FOREMAN DECD & SOPHIA HAPGOOD

400-00-7508

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1	30,000	
2	Enter amount from Form 1040, line 38 2 122,273			
3	Multiply line 2 by 7.5% (.075)	3	9,170	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	20,830	
Taxes You Paid	5 State and local income taxes	5	5,000	
(See page A-2.)	6 Real estate taxes (see page A-5)	6		
	7 Personal property taxes	7		
	8 Other taxes. List type and amount ▶	8		
	9 Add lines 5 through 8	9	5,000	
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	10,000	
(See page A-5.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶	11		
Note. Personal interest is not deductible.	12 Points not reported to you on Form 1098. See page A-6 for special rules	12		
	13 Investment interest. Attach Form 4952 if required. (See page A-6.)	13	650	
	14 Add lines 10 through 13	14	10,650	
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-7	15	400	
If you made a gift and got a benefit for it, see page A-7.	16 Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500	16		
	17 Carryover from prior year	17		
	18 Add lines 15 through 17	18	400	
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)	19		
Job Expenses and Certain Miscellaneous Deductions	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.) ▶	20		
(See page A-8.)	21 Tax preparation fees	21	1,750	
	22 Other expenses - investment, safe deposit box, etc. List type and amount ▶	22		
	23 Add lines 20 through 22	23	1,750	
	24 Enter amount from Form 1040, line 38 24 122,273			
	25 Multiply line 24 by 2% (.02)	25	2,445	
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	0	
Other Miscellaneous Deductions	27 Other - from list on page A-9. List type and amount ▶	27		
Total Itemized Deductions	28 Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-9 for the amount to enter.	28	36,880	
	29 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

EEA

Schedule A (Form 1040) 2006

Your social security number

400-00-7508

Attachment
Sequence No. **08**

Amount

1,500

2,150

2,150

Amount

260

5

4,860

No

x

100

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2006

Department of the Treasury
Internal Revenue Service (99)

► Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

Attachment
Sequence No. **09**

Name of proprietor TEST FOREMAN		Social security number (SSN) 400-00-7508
A Principal business or profession, including product or service (see page C-2 of the instructions) DETRITIS REMOVAL		B Enter code from pages C-8, 9, & 10 113000
C Business name. If no separate business name, leave blank. DETRITIS BUSTERS		D Employer ID number (EIN), if any 08-1819891
E Business address (including suite or room no.) ► 68 TURPENTINE WAY City, town or post office, state, and ZIP code PHOENIX AZ 85069		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2006? If "No," see page C-2 for limit on losses . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2006, check here <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here <input type="checkbox"/>	1	46,000
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	46,000
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	46,000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3)	6	
7 Gross income. Add lines 5 and 6	7	46,000

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	48	18 Office expense	18	4,189
9 Car and truck expenses (see page C-4)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	187	20 Rent or lease (see page C-5):		
11 Contract labor (see page C-4)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14	4,198	22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a	189	a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see page C-5)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	8,811
29 Tentative profit (loss). Subtract line 28 from line 7	29	37,189
30 Expenses for business use of your home. Attach Form 8829	30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12 , and also on Schedule SE, line 2 or Form 1040NR, line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	37,189
32 If you have a loss, check the box that describes your investment in this activity (see page C-6). • If you checked 32a, enter the loss on Form 1040, line 12 , and also on Schedule SE, line 2 or Form 1040NR, line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a <input type="checkbox"/> 32b <input type="checkbox"/>	All investment is at risk. Some investment is not at risk.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2006

Attachment
Sequence No. **09**

Name of proprietor SOPHIA HAPGOOD		Social security number (SSN) 118-91-9819
A Principal business or profession, including product or service (see page C-2 of the instructions) INFOMERCIAL RECORDIN		B Enter code from pages C-8, 9, & 10 238150
C Business name. If no separate business name, leave blank. LATE NITE INFOMERCIALS		D Employer ID number (EIN), if any 19-8979848
E Business address (including suite or room no.) ► 39 CAUSEAY LOOP City, town or post office, state, and ZIP code PHOENIX AZ 85071		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2006? If "No," see page C-2 for limit on losses . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2006, check here <input type="checkbox"/>		

Part I Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here <input type="checkbox"/>	1	68,000
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	68,000
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	68,000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3)	6	
7 Gross income. Add lines 5 and 6	7	68,000

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18	
9 Car and truck expenses (see page C-4)	9		19	
10 Commissions and fees	10		20	
11 Contract labor (see page C-4)	11		20a	
12 Depletion	12		20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		21	
14 Employee benefit programs (other than on line 19)	14		22	1,500
15 Insurance (other than health)	15		23	
16 Interest:			24	
a Mortgage (paid to banks, etc.)	16a		24a	
b Other	16b		24b	
17 Legal and professional services	17		25	
			26	
			27	

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	1,500
29 Tentative profit (loss). Subtract line 28 from line 7	29	66,500
30 Expenses for business use of your home. Attach Form 8829	30	
31 Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on Form 1040, line 12 , and also on Schedule SE, line 2 or Form 1040NR, line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. ● If a loss, you must go to line 32.	31	66,500

32 If you have a loss, check the box that describes your investment in this activity (see page C-6). ● If you checked 32a, enter the loss on Form 1040, line 12 , and also on Schedule SE, line 2 or Form 1040NR, line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a		32b		
	<input type="checkbox"/>		<input type="checkbox"/>		All investment is at risk.
	<input type="checkbox"/>		<input type="checkbox"/>		Some investment is not at risk.

Tax on Lump-Sum Distributions
(From Qualified Plans of Participants Born Before January 2, 1936)

▶ Attach to Form 1040, Form 1040NR, or Form 1041.

2006Attachment
Sequence No. **28**

Name of recipient of distribution

TEST FOREMAN

Identifying number

400-00-7508**Part I Complete this part to see if you can use Form 4972**

	Yes	No
1 Was this a distribution of a plan participant's entire balance (excluding deductible voluntary employee contributions and certain forfeited amounts) from all of an employer's qualified plans of one kind (pension, profit-sharing, or stock bonus)? If "No," do not use this form	1 X	
2 Did you roll over any part of the distribution? If "Yes," do not use this form	2	X
3 Was this distribution paid to you as a beneficiary of a plan participant who was born before January 2, 1936?	3 X	
4 Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, and (c) a participant in the plan for at least 5 years before the year of the distribution? If you answered "No" to both questions 3 and 4, do not use this form.	4	
5a Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do not use this form for a 2006 distribution from your own plan	5a	
b If you are receiving this distribution as a beneficiary of a plan participant who died, did you use Form 4972 for a previous distribution received for that participant after 1986? If "Yes," do not use the form for this distribution	5b	

Part II Complete this part to choose the 20% capital gain election (see instructions)

6 Capital gain part from Form 1099-R, box 3	6	
7 Multiply line 6 by 20% (.20) ▶	7	
If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the total on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies.		

Part III Complete this part to choose the 10-year tax option (see instructions)

8 Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the taxable amount from Form 1099-R, box 2a	8	3,800
9 Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996	9	
10 Total taxable amount. Subtract line 9 from line 8	10	3,800
11 Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0-	11	
12 Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18	12	3,800
13 Multiply line 12 by 50% (.50), but do not enter more than \$10,000	13	1,900
14 Subtract \$20,000 from line 12. If line 12 is \$20,000 or less, enter -0-	14	
15 Multiply line 14 by 20% (.20)	15	
16 Minimum distribution allowance. Subtract line 15 from line 13	16	1,900
17 Subtract line 16 from line 12	17	1,900
18 Federal estate tax attributable to lump-sum distribution	18	
19 Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23	19	1,900
20 Divide line 11 by line 12 and enter the result as a decimal (rounded to at least three places)	20	
21 Multiply line 16 by the decimal on line 20	21	
22 Subtract line 21 from line 11	22	
23 Multiply line 19 by 10% (.10)	23	190
24 Tax on amount on line 23. Use the Tax Rate Schedule in the instructions	24	21
25 Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line 29, and go to line 30	25	210
26 Multiply line 22 by 10% (.10)	26	
27 Tax on amount on line 26. Use the Tax Rate Schedule in the instructions	27	
28 Multiply line 27 by ten (10)	28	
29 Subtract line 28 from line 25. Multiple recipients, see instructions. ▶	29	210
30 Tax on lump-sum distribution. Add lines 7 and 29. Also include this amount in the total on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies . . . ▶	30	210

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 4972 (2006)

YOUR FIRST NAME AND INITIAL 1 TEST		LAST NAME DECEASED, 101506		YOUR SOCIAL SECURITY NO. 400-00-7508	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1 SOPHIA		LAST NAME HAPGOOD		SPOUSE'S SOCIAL SECURITY NO. 118-91-9819	
PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO. 2 4664 COUSINS PL		DAYTIME PHONE (with area code) 928-555-1254		89 <input checked="" type="checkbox"/> X	
CITY, TOWN OR POST OFFICE STATE ZIP CODE 3 LAKE HAVASU CITY, AZ 86403		HOME PHONE (with area code) 94		Check this box if: 82F <input type="checkbox"/> Filing under extension	

F
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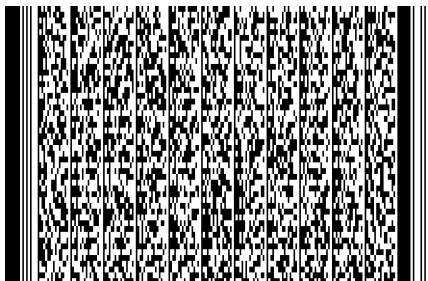
4 <input checked="" type="checkbox"/> Married filing joint return
5 <input type="checkbox"/> Head of household - name of qualifying child or dependent ▶
6 <input type="checkbox"/> Married filing separate return. Enter spouse's Social Security Number above and full name here ▶
7 <input type="checkbox"/> Single

FOR DOR USE ONLY

8 00 Age 65 or over (you and/or spouse)	88
9 01 Blind (you and/or spouse)	
10 02 Dependents. From page 2, line A2 - do not include self or spouse.	
11 00 Qualifying parents and ancestors of your parents. From page 2, line A5.	81

80

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN



12 Federal adjusted gross income	12	122,273	00
13 Additions to income (from page 2, line B13)	13	3,800	00
14 Add lines 12 and 13	14	126,073	00
15 Subtractions. No. from line C27a: 151	15	7,600	00
16 Arizona AGI. Line 14 minus line 15	16	118,473	00
17 17 <input checked="" type="checkbox"/> ITEMIZED 17S <input type="checkbox"/> STANDARD	17	46,050	00
18 Personal exemptions	18	6,300	00
19 AZ taxable inc. Line 16 minus lines 17 & 18	19	66,123	00
20 Compute tax. Use line 19 & proper tax table	20	2,030	00
21 Tax from recapture of credits	21	9,000	00
22 Subtotal of tax. Add lines 20 and 21	22	11,030	00
23 - 24 Clean Elections Fund Tax Reduction.			
23 1 <input checked="" type="checkbox"/> YOURSELF 23 2 <input checked="" type="checkbox"/> SPOUSE	24	10	00
25. Reduced tax. Subtract line 24 from line 22	25	11,020	00

Attach
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26 Family income tax credit from worksheet on page 15 of instructions	26		00
27 Credits from Arizona Form 301, line 57, or Forms 310, 321, 322, and 323 if Form 301 is not required	27	11,020	00
28 Credit type. Enter form number of each credit claimed: 28 302 304 305 315			
29 Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions	29		00
30 Balance of tax. Subtract lines 26, 27, and 29 from line 25. If the sum of lines 26, 27, and 29 is more than line 25, enter zero	30	0	00
31 Arizona income tax withheld during 2006	31	5,000	00
32 Arizona estimated tax payments for 2006	32		00
33 Amount paid with 2006 Arizona extension request (Form 204)	33		00
34 Increased Excise Tax Credit from worksheet on page 17 of the instructions	34		00
35 Property Tax Credit from Form 140PTC	35		00
36 Total payments/refundable credits. Add lines 31 through 35	36	5,000	00
37 TAX DUE. If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40	37		00
38 OVERPAYMENT. If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment	38	5,000	00
39 Amount of line 38 to be applied to 2007 estimated tax	39		00
40 Balance of overpayment. Subtract line 39 from line 38	40	5,000	00
41 - 49 Voluntary Gifts to:			
AID TO EDUCATION (entire refund only) 41		00	
CHILD ABUSE PREVENTION 44		00	
NEIGHBORS HELPING NEIGHBORS 47		00	
ARIZONA WILDLIFE DOMESTIC VIOLENCE SHELTER 42		00	
SPECIAL OLYMPICS 45		00	
CITIZENS CLEAN ELECTIONS 43		00	
NATIONAL GUARD RELIEF FUND 46		00	
POLITICAL GIFT 49		00	
50 Check only one if making a political gift: 50 1 <input type="checkbox"/> Democratic 50 2 <input type="checkbox"/> Libertarian 50 3 <input type="checkbox"/> Republican			
51 Estimated payment penalty and MSA withdrawal penalty	51		00
52 Check applicable boxes: 52 1 <input type="checkbox"/> Annualized/Other 52 2 <input type="checkbox"/> Farmer or Fisherman 52 3 <input type="checkbox"/> Form 221 attached 52 4 <input type="checkbox"/> MSA Penalty			
53 Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, and 51	53		00
54 REFUND. Subtract line 53 from line 40. If less than zero, enter amount owed on line 55	54	5,000	00
Direct Deposit of Refund: See instructions.			
ROUTING NUMBER 98 021234567	ACCOUNT NUMBER 123123123	C <input checked="" type="checkbox"/> Checking or S <input type="checkbox"/> Savings	
55 AMOUNT OWED. Add lines 37 and 53. Make check payable to Arizona Department of Revenue; include SSN on payment.			
<input type="checkbox"/> Payment enclosed. Check the box and attach payment.			

PART A: Dependents and Qualifying Parents - do not list yourself or spouse

400-00-7508

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1

List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME

SOCIAL SECURITY NO.

RELATIONSHIP

NO. OF MONTHS LIVED IN YOUR HOME IN 2006

JACK FOREMAN

189-19-8918

SON

12

SUE FOREMAN

289-49-8798

DAUGHTER

12

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below.

..... TOTAL

A2

2

A3

a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

b Enter dependents listed above who were not claimed on your federal return due to education credits:

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 6 of the instructions.

FIRST AND LAST NAME

SOCIAL SECURITY NO.

RELATIONSHIP

NO. OF MONTHS LIVED IN YOUR HOME IN 2006

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11

..... TOTAL

A5

0

PART B: Additions to Income

B6	Non-Arizona municipal interest		B6		00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return		B7		00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return		B8	3,800	00
B9	Total federal depreciation		B9		00
B10	Medical savings account (MSA) distributions. See page 7 of the instructions		B10		00
B11	I.R.C. § 179 expense in excess of allowable amount. See page 7 of the instructions		B11		00
B12	Other additions to income. See instructions and attach your own schedule		B12		00
B13	Total. Add lines B6 through B12. Enter here and on page 1 of this form, line 13		B13	3,800	00

PART C: Subtractions from Income

C14	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C14		00
C15	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C15	1,500	00
C16	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C16	4,600	00
C17	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C17		00
C18	Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C30 and enter the amount on line C18 on Form 140, Page 1, line 15	C18	6,100	00
C19	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C19	1,500	00
C20	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C20		00
C21	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C21		00
C22	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount)	C22		00
C23	Recalculated Arizona depreciation	C23		00
C24	Certain wages of American Indians	C24		00
C25	Income tax refund from other states. See instructions	C25		00
C26	Deposits and employer contributions into MSAs. See page 10 of the instructions	C26		00
C27	Construction of an energy efficient residence. See page 11 of the instructions. Enter number: C27a <input type="text"/> , then amount	C27		00
C28	Active duty military pay (including combat pay) that you included in federal adjusted gross income	C28		00
C29	Other subtractions from income. See instructions and attach your own schedule	C29		00
C30	Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15	C30	7,600	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D31

PLEASE SIGN HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

FILED AS SURVIVING SPOUSE

YOUR SIGNATURE

10-18-2006

DATE

STOCK BROKER

OCCUPATION

SPOUSE'S SIGNATURE

10-18-2006

DATE

SPY

SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S TIN

DATE

PAID PREPARER'S ADDRESS

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

ADOR 91-0011 (06) 1024

**ARIZONA SCHEDULE
A****Itemized Deduction Adjustments**
For Full-Year Residents Filing Form 140

Attach to your return

NAME(S) AS SHOWN ON FORM 140

TEST**FOREMAN**

YOUR SOCIAL SECURITY NUMBER

400-00-7508

SPOUSE'S SOCIAL SECURITY NUMBER

SOPHIA**HAPGOOD****118-91-9819**

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A, only if you are making changes to the amount shown on the federal Schedule A. See instructions for details.

Adjustment to Medical and Dental Expenses

1	Medical and dental expenses	1	30,000	00
2	Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1	2		00
3	Medical expenses allowed to be taken as a federal itemized deduction	3	20,830	00
4	Add line 2 and line 3, and enter the result	4	20,830	00
5	If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6	5	9,170	00
6	If line 4 is more than line 1, subtract line 1 from line 4	6		00

Adjustment to Interest Deduction

7	If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2006 that is equal to the amount of your 2006 federal credit	7		00
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Adjustment to Gambling Losses

8	Wagering losses allowed as a federal itemized deduction	8		00
9	Total gambling winnings included in your federal adjusted gross income	9		00
10	Authorized Arizona lottery subtraction from Form 140, page 2, line C21	10		00
11	Maximum allowable gambling loss deduction: Subtract line 10 from line 9	11		00
12	If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero"	12	0	00

Adjustment to Property Taxes

13	If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed	13		00
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Adjustment to Charitable Contributions

14	Amount of charitable contributions for which you are taking a credit under Arizona law	14		00
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Other Adjustments

15	Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax	15		00
-----------	--	-----------	--	----

Adjusted Itemized Deductions

16	Add the amounts on lines 5 and 7	16	9,170	00
17	Add the amounts on lines 6, 12, 13, 14 and 15	17		00
18	Total federal itemized deductions allowed to be taken on federal return	18	36,880	00
19	Enter the amount from line 16 above	19	9,170	00
20	Add lines 18 and 19	20	46,050	00
21	Enter the amount from line 17 above	21		00
22	Arizona itemized deductions: Subtract line 21 from line 20. Enter the result here and on Form 140, page 1, line 17 . . .	22	46,050	00

NOTE: You must attach a copy of federal Form 1040, Schedule A, to your return if you itemize your deductions.

For the calendar year 2006, or

fiscal year beginning

and ending

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR or 140X

TEST FOREMAN DECD & SOPHIA HAPGOOD

YOUR SOCIAL SECURITY NUMBER

400-00-7508

SPOUSE'S SOCIAL SECURITY NUMBER

118-91-9819

Part I Nonrefundable Individual Tax Credits

Enter total available tax credits.

1	Defense Contracting Credit from Form 302	1	45,150	00
2	Enterprise Zone Credit from Form 304	2	2,500	00
3	Environmental Technology Facility Credit from Form 305	3	2,000	00
4	Military Reuse Zone Credit from Form 306	4		00
5	Recycling Equipment Credit from Form 307	5		00
6	Credit for Increased Research Activities from Form 308-I	6	1,553	00
7	Credit for Taxes Paid to Another State or Country from Form 309	7		00
8	Credit for Solar Energy Devices from Form 310	8		00
9	Agricultural Water Conservation System Credit from Form 312	9		00
10	Pollution Control Credit from Form 315	10	2,000	00
11	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	11		00
12	Credit for Employment of TANF Recipients from Form 320	12	1,333	00
13	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	13		00
14	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	14		00
15	Credit for Contributions to School Tuition Organizations from Form 323	15		00
16	Agricultural Pollution Control Equipment Credit from Form 325	16		00
17	Neighborhood Electric Vehicle (NEV) Credit from Form 328	17		00
18	Credit for Donation of School Site from Form 331	18	4,502	00
19	Credit for Healthy Forest Enterprises from Form 332	19		00
20	Credit for Employing National Guard Members from Form 333	20		00
21	Credit for Motion Picture Production Costs from Form 334	21		00
22	Credit from Solar Energy Devices Commercial and Industrial Applications from Form 336	22		00
23	Total Available Tax Credits: Add lines 1 through 22	23	59,038	00

Part II Application of Tax Credits

Enter tax, recapture tax, and tax credits claimed this taxable year.

24	Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form 140X, line 26	24	2,030	00
25	Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27; or Form 140NR, line 27; or Form 140X, line 29	25	10	00
26	Subtract line 25 from line 24	26	2,020	00
27	Tax from recapture of Environmental Technology Facility Credit from Form 305, Part VI, line 37	27	9,000	00
28	Tax from recapture of Neighborhood Electric Vehicle (NEV) Credit from Form 328, Part VI, line 19	28		00
29	Tax from recapture of Credit for Healthy Forest Enterprises from Form 332, Part X, line 39	29		00
30	Tax from recapture of Credit for Motion Picture Production Cost from Form 334, Part VIII, line 34	30		00
31	Recapture Total: Add lines 27 through 30. Enter here and on Form 140, line 21; or Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27	31	9,000	00
32	Subtotal: Add lines 26 and 31	32	11,020	00
33	Family Income Tax Credit from Form 140, line 26; or Form 140PY, line 29; or Form 140X, line 31	33		00
34	Subtract line 33 from line 32	34	11,020	00

400-00-7508

Nonrefundable Tax Credits Claimed

Enter amount of credits actually claimed from Part I.

35	Defense Contracting Credit from Form 302	35	11,020	00
36	Enterprise Zone Credit from Form 304	36		00
37	Environmental Technology Facility Credit from Form 305 (not to exceed 75% of line 32)	37		00
38	Military Reuse Zone Credit from Form 306	38		00
39	Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25% of line 32 or \$5,000)	39		00
40	Credit for Increased Research Activities from Form 308-I	40		00
41	Credit for Taxes Paid to Another State or Country from Form 309	41		00
42	Credit for Solar Energy Devices from Form 310	42		00
43	Agricultural Water Conservation System Credit from Form 312	43		00
44	Pollution Control Credit from Form 315	44		00
45	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	45		00
46	Credit for Employment of TANF Recipients from Form 320	46		00
47	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	47		00
48	Credit for Contributions Made or Fees Paid to Public Schools from Form 322 . . .	48		00
49	Credit for Contributions to School Tuition Organizations from Form 323	49		00
50	Agricultural Pollution Control Equipment Credit from Form 325	50		00
51	Credit for Neighborhood Electric Vehicle (NEV) from Form 328	51		00
52	Credit for Donation of School Site from Form 331	52		00
53	Credit for Healthy Forest Enterprises from Form 332	53		00
54	Credit for Employing National Guard Members from Form 333	54		00
55	Credit for Motion Picture Production Costs from Form 334	55		00
56	Credit for Solar Energy Devices Commercial and Industrial Applications from Form 336	56		00
57	Total Tax Credits Claimed: Add lines 35 through 56. Total cannot be more than line 34. Enter this amount on Form 140, line 27; or Form 140PY, line 30; or Form 140NR, line 29; or Form 140X, line 32	57	11,020	00

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

302

Defense Contracting Credits

For the calendar year 2006 or
fiscal year beginning _____ and ending _____.

Attach to your return

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

TEST FOREMAN DECD & SOPHIA HAPGOOD

Social security number or employer identification number

400-00-7508

1 Has the business been certified as a qualified defense contractor by the Arizona Department of Commerce?

Yes ☒No ☐

If the answer to this question is no, the business is not eligible for the defense contracting credits.

Part I Net Increase in Defense Employment Positions

2 Average employment during the current taxable year under United States

Department of Defense contracts 2 2

3 Employment baseline 3 1

4 Net increase in defense employment positions - subtract line 3 from line 2 4 1

Part II Net Increase in Qualified Private Commercial Employment Positions

5 Net increase in private commercial employment positions 5 3

6 Number of new qualified private commercial employment positions. See instructions 6 4

7 Net increase in qualified private commercial employment positions. Enter the lesser of line 5 or line 6 7 3

Part III Credit Calculation for Qualified Employment Positions

	(a) Number of qualified defense positions	(b) Number of qualified commercial positions	(c) Credit per qualified employment position	(d) Allowable credit
8	Qualified net new employment positions		\$2,500	\$
	1	3		10,000
9	Qualified employment positions in the second year of existence		\$2,000	\$
	1	2		6,000
10	Qualified employment positions in the third year of existence		\$1,500	\$
	3	4		10,500
11	Qualified employment positions in the fourth year of existence		\$1,000	\$
	5	6		11,000
12	Qualified employment positions in the fifth year of existence		\$500	\$
	7	8		7,500
13	Total			\$
	17	23		45,000

Part IV Credit Calculation for Property Taxes Paid on Class One Property

14	Amount paid as taxes on property in Arizona classified as class one pursuant to ARS § 42-12001	14	15,000	00
15	Percent based on net new defense employment positions. See instructions	15	0.10	
16	Multiply line 14 by line 15	16	1,500	00
17	Percent based on defense contract income divided by total gross income. See instructions	17	0.10	
18	Allowable credit for property taxes. Multiply line 16 by line 17	18	150	00

Part V S Corporation Credit Election and Shareholder's Share of Credit

19 The S corporation has made an irrevocable election for the taxable year ending _____ to:
(CHECK ONLY ONE BOX)
☐ Claim the defense contracting credits as shown on Part III, line 13, column (d) and Part IV, line 18 (for the taxable year mentioned above);
OR
☐ Pass the defense contracting credits as shown on Part III, line 13, column (d) and Part IV, line 18 through to its shareholders (for taxable year mentioned above).

Signature

Title

Date

If passing the credit through to the shareholder, complete lines 20 through 23 separately for each shareholder.
Furnish each shareholder with a copy of the completed Form 302.

20 Name of shareholder _____

21 Shareholder's TIN _____

22 Shareholder's share of the amount on Part III, line 13, column (d) 22 00

23 Shareholder's share of the amount on Part IV, line 18 23 00

Part VI Partner's Share of Credit

Complete lines 24 through 27 separately for each partner. Furnish each partner with a copy of the completed Form 302.

24 Name of partner _____

25 Partner's TIN _____

26 Partner's share of the amount on Part III, line 13, column (d) 26 00

27 Partner's share of the amount on Part IV, line 18 27 00

Part VII Available Credit Carryover (See instructions)

	(a)	(b)	(c)
	Original credit amount	Amount previously used	Available carryover - subtract column (b) from column (a)
28			

Part VIII Total Available Credit

29 Current year's credit for qualified employment positions. Individuals, corporations, or S corporations - enter amount from Part III, line 13, column (d). S corporation shareholders - enter amount from Part V, line 22. Partners of a partnership - enter amount from Part VI, line 26 29 45,000 00

30 Current year's credit for property taxes paid on class one property. Individuals, corporations, or S corporations - enter amount from Part IV, line 18. S corporation shareholders - enter amount from Part V, line 23. Partners of a partnership - enter amount from Part VI, line 27 30 150 00

31 Available credit carryover - enter amount from Part VII, line 28, column (c) 31 00

32 Total available credit - add lines 29, 30, and 31. Enter total here and on Form 300, Part I, line 1 or Form 301, Part I, line 1 32 45,150 00

ARIZONA FORM**304****Enterprise Zone Credit****2006**

For the calendar year 2006 or
fiscal year beginning _____ and ending _____.

Attach to your return

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

TEST FOREMAN DECD & SOPHIA HAPGOOD

Your social security number or employer identification number

400-00-7508**Enterprise Zone Credit for Qualified Employment Positions****See instructions regarding Arizona Department of Commerce certification before claiming this credit****Part I Business Information**

1	Business name	1	FREEDOM ZONE CONSTRUCTION
2a	Business location address	2a	4738 EDWARD BOULEVARD
			PHOENIX, AZ 85069
2b	Business location in enterprise zone (list name of enterprise zone)	2b	PHOENIX FREEDOM ZONE
3	Employer identification number	3	19-8897498

4 Retail sales. Does more than 10 percent of the business conducted at the location consist of retail sales of tangible personal property?

See instructions before answering this question.☐ Yes ☒ No

If the answer to this question is yes, the business is not eligible for the enterprise zone credit for qualified employment positions.

Part II Net Increase in Average Number of Full Time Employees**See instructions before completing this section**

5	Average number of full time employees at the zone location during the current taxable year	5	2.67
6	Average number of full time employees at the zone location during the immediately preceding taxable year	6	1.00
7	Net increase in average number of full time employees - subtract line 6 from line 5	7	1

Part III Maximum Number of Qualified Employment Positions**See instructions before completing this section**

8	Qualified employment positions. Enter the number of qualified employment positions created during the taxable year	8	10
9	Net increase in average number of full time employees - enter the number from Part II, line 7	9	1
10	Maximum number of new qualified employment positions for which the business may claim a credit before application of the 35 percent enterprise zone residency requirement. Enter the smaller of line 8 or line 9	10	1
11a	Number of employees in qualified employment positions for which the credit is being claimed that are enterprise zone residents on the date of hire	11a	5
11b	Divide the amount on line 11a by 35 percent (.35). Enter the quotient.	11b	14
11c	Enter the smaller of line 10 or line 11b. This is the maximum number of qualified employment positions for which the credit may be claimed after application of the enterprise zone residency requirement	11c	1

Part IV Limitation on number of Qualified Employment Positions**200**

12	Maximum number of filled qualified employment positions on which a credit may be calculated	12	200
13	Maximum number of new qualified employment positions on which you may claim the credit - enter the lesser of line 11c or line 12	13	4

Part V Credit Calculation for Qualified Employment Positions

14 Arizona residency. Are all of the employees in qualified employment positions Arizona residents?
See instructions before answering this question. ☒ Yes ☐ No
If the answer to this question is no, the business is not eligible for an enterprise zone credit for those qualified employment positions filled by employees who are not Arizona residents.

		(a)	(b)	(c)	(d)
		Number of qualified employment positions	Qualifying wages	%	Allowable credit
15	Employees in first year or partial year of employment in a qualified employment position	5	10,000	25%	2,500
16	Employees in the second year of continuous employment in a qualified employment position			33 1/3%	
17	Employees in the third year of continuous employment in a qualified employment position			50%	
18	Totals	5			2,500

Part VI Limited Liability Companies

19 What is the federal tax classification of the limited liability company (LLC)? Check only one box
☐ S corporation ☐ partnership ☐ disregarded entity ☐ corporation

If the LLC is an S corporation, complete Part VII.
If the LLC is a partnership, complete Part VIII.

Part VII S Corporation Credit Election and Shareholder's Share of Credit

20 The S corporation has made an irrevocable election for the taxable year ending _____ to:
(CHECK ONLY ONE BOX)

☐ Claim the enterprise zone credit as shown on Part V, line 18, column (d) (for the taxable year mentioned above);
OR
☐ Pass the enterprise zone credit as shown on Part V, line 18, column (d) (for the taxable year mentioned above) through to its shareholders.

Signature

Title

Date

If passing the credit through to the shareholder, complete lines 21 through 23 separately for each shareholder.
Furnish each shareholder with a copy of the completed Form 304.

21 Name of shareholder _____

22 Shareholder's TIN _____

23 Shareholder's share of the amount on Part V, line 18, column (d)

23		00
----	--	----

Part VIII Partner's Share of Credit

Complete lines 24 through 26 separately for each partner.
Furnish each partner with a copy of the completed Form 304.

24 Name of partner

25 Partner's TIN

26 Partner's share of the amount on Part V, line 18, column (d)2600

Part IX Available Credit Carryover

		(a)	(b)	(c)	(d)	(e)	(f)
27	Carryover credit from taxable year ending						
28	Original credit amount						
29	Amount previously used						
30	Tentative carryover - subtract line 29 from line 28						
31	Amount unallowable - See instructions						
32	Available carryover - subtract line 31 from line 30						
33	Total available carryover						

Part X Total Available Credit

34 Current year's credit for qualified employment positions - from Part V, line 18, column (d). S corporation shareholders - from Part VII, line 23. Partners of a partnership - from Part VIII, line 26342,50000

35 Available credit carryover - from Part IX, line 33, column (f)3500

36 Total available enterprise zone credit for qualified employment positions - add lines 34 and 35.
Enter total here and on Form 300, Part I, line 2 or Form 301, Part I, line 2362,50000

Complete a Form 304-1 for each employee at the enterprise zone location, whether or not the employee is in a qualified employment position. See instructions for Form 304-1 (on instruction page 3) about providing the requested information in an alternative form.

- 1 Employee name GEORGE EMPLOYEE
- 2 Employee's taxpayer identification number (TIN) 106-51-4964
- 3 Employee's residence address RETREAD ROAD
PHOENIX, AZ 85072
- 4a Is the residence address listed on line 3 inside or outside of an enterprise zone that is located in the same county in which the business is located? ☒ inside ☐ outside
- 4b If the answer on line 4a is inside, list the name of the enterprise zone in which the employee's residence address is located
FREEDOM ZONE
- 5 Employee's residence address AT DATE OF HIRE RETREAD ROAD
PHOENIX, AZ 85072
- 6a Is the residence address listed on line 5 inside or outside of an enterprise zone that is located in the same county in which the business is located? ☒ inside ☐ outside
- 6b If the answer on line 6a is inside, list the name of the enterprise zone in which the employee's residence address was located
FREEDOM ZONE
- 7 Date of initial employment 02-02-2005
- 8 If employee was previously employed by the business, list the last date of employment. (See instructions)

- 9a Is the employee in a permanent full time position? (See instructions) ☒ Yes ☐ No
- 9b If the answer to line 9a is yes, list the number of hours the employee worked during the taxable year 5,000
- 10 Employee's annual compensation for the taxable year \$ 10,000
- 11a Total cost of health insurance provided by employer for employee. (See instructions) \$ 100
- 11b Total cost of health insurance for employee paid by employer. (See instructions) \$ 50
- 12 Is this employee in a new qualified employment position? ☒ Yes ☐ No
- 13a Has this employee been substituted for another employee in a qualified employment position? ☐ Yes ☒ No
- 13b If answer to line 13a is yes, list the date of substitution _____ and indicate whether the individual is a second year employee or a third year employee. See instructions before answering this question.
- Check only one box. ☐ second year employee ☐ third year employee

Environmental Technology Facility Credit

2006

	For the calendar year 2006 or fiscal year beginning	and ending
--	--	------------

Attach to your return

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

TEST FOREMAN DECD & SOPHIA HAPGOOD

Social security number or employer ID number

400-00-7508

Arizona Department of Commerce certification number: 19-8984798

Part 1	Schedule of Cost of Equipment or Property Used in Construction of Facility for Current Year and Calculation of Current Year's Credit
---------------	---

1 Date of facility's initial construction	1	01-01-2005
---	---	------------

(a) Description	(b) Cost	
FACILITY ONE	20,000	00
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00
Total	2	00

2 Total	2	20,000	00
-------------------	---	--------	----

3 Current year's credit - multiply line 2 by 10 percent (.10)	3	2,000	00
--	----------	-------	----

Part II Recapture of Environmental Technology Facility Credit

4	Date facility was placed in service	4	12-01-2004
---	---	---	------------

5	Date facility ceased to operate as an environmental manufacturing, producing or processing facility	5	12-31-2006
---	---	---	------------

6	Enter total credit actually claimed for the total facility	6	15,000	00
----------	--	----------	--------	----

7	Enter percent based on the year facility ceased to operate as an environmental manufacturing, producing or processing facility	7	0.60	%
---	--	---	------	---

8	Total environmental technology facility credit recapture. Multiply line 6 by line 7	8	9.000	00
---	---	---	-------	----

Part III S Corporation Credit Election and Shareholder's Share of Credit and Credit Recapture

9 The S corporation has made an irrevocable election for the taxable year ending _____ to:
(CHECK ONLY ONE BOX)

☐ Claim the credit, as shown on Part I, line 3, column (b), for the taxable year shown above;

OR

☐ Pass the credit, as shown on Part I, line 3, column (b), for the taxable year shown above through to its shareholders.

Signature _____

Title _____

Date _____

If passing the credit through to the shareholder, complete lines 10 through 12 separately for each shareholder.

If passing a credit recapture through to the shareholder, also complete line 13 separately for each shareholder.

Furnish each shareholder with a copy of the completed Form 305.

10 Name of shareholder _____

11 Shareholder's TIN _____

12 Shareholder's share of the current year's credit from on Part I, line 3, column (b) **12**

--

00

13 Shareholder's share of the credit recapture from Part II, line 8 **13**

--

00

Part IV Partner's Share of Credit and Credit Recapture

Complete lines 14 through 16 separately for each partner.

If passing a credit recapture through to the partner, also complete line 17 separately for each partner.

Furnish each partner with a copy of the completed Form 305.

14 Name of partner _____

15 Partner's TIN _____

16 Partner's share of the current year's credit from on Part I, line 3, column (b) **16**

--

00

17 Partner's share of the credit recapture from Part II, line 8 **17**

--

00

Part V Credit Recapture Summary

18 Enter the taxable year(s) in which you took a credit or credit carryover for the facility that has ceased to operate as an environmental manufacturing, producing, or processing facility _____

19 Enter the total amount of credit originally allowable for the facility **19**

--

00

20 Enter the total amount of the credit to be recaptured
 Individuals, corporations, and S corporations, enter the amount from Part II, line 8
 S corporation shareholders, enter the amount from Part III, line 13
 Partners of a partnership, enter the amount from Part IV, line 17 **20**

--

9,000 **00**

21 Subtract line 20 from line 19 and enter the result. This is the amount of credit allowable for the facility that has ceased to operate as an environmental manufacturing, producing, or processing facility **21**

--

(9,000) **00**

22 Amount of credit on line 19 that you have claimed on prior years' returns **22**

--

00

23 Subtract line 22 from line 21 and enter the result **23**

--

(9,000) **00**

If the result is a positive number, that is the amount of credit carryover remaining that you may use in future taxable years. Enter this positive number in Part VI, column d, on the line for the year in which the disqualified credit arose.

If the result is a negative number, that is the amount of credit you must recapture. If a negative number, enter "zero" in Part VI, column d, on the line for the year in which the disqualified credit arose.

Corporations, also enter this amount as a positive number on Form 300, Part II, line 20.

Individuals, also enter this amount as a positive number on Form 301, Part II, line 27.

Credit for Increased Research Activities - Individuals**ARIZONA FORM****308-I****2006**

For the calendar year 2006 or
fiscal year beginning _____ and ending _____

Attach to your return

Name(s) as shown on Forms 140, 140PY, 140NR, 140X

TEST FOREMAN DECD & SOPHIA HAPGOOD

Social security number

400-00-7508

Individuals must complete this form to claim the credit for increased research activities. Do not complete Form 308.

Complete this form if the taxpayer has:

- (a) a current taxable year's credit from the taxpayer's sole proprietorship; OR
 (b) a current taxable year's credit passed through from an S corporation or a partnership; OR
 (c) a carryover of unused credit from taxable year(s) 2001 and later.

Part I Current Taxable Year Credit Calculation (Sole Proprietorships Only)

1	Wages for qualified services (do not include wages used in figuring the federal work opportunity credit)	1	15,456	00
2	Cost of supplies	2	10	00
3	Rental or lease cost of computers	3	25	00
4	Contract research expenses. See instructions	4	36	00
5	Total qualified research expenses. Add lines 1 through 4. Enter the total	5	15,527	00
6	Average annual gross receipts. See instructions	6	10	00
7	Fixed-base percentage (not more than 16%). See instructions	7	16.0	%
8	Base amount. Multiply line 6 by the percentage on line 7. Enter the result	8	2	00
9	Subtract line 8 from line 5. If less than zero, enter zero (0)	9	15,525	00
10	Multiply line 5 by 50% (.50). Enter the result	10	7,764	00
11	Enter the lesser of line 9 or line 10	11	7,764	00
12	Current year credit for increased research activities. See instructions before completing this line	12	1,553	00

Part II Current Taxable Year's Credit Passed Through From S Corporations and Partnerships

- 13 Total amount of credit passed through from S corporations and partnerships (Enter the aggregate amount of the credit for increased research activities from all Forms 308 received from S corporations and partnerships.

Attach copies of any Forms 308 to your tax return) 13 00

Part III Available Pre-2003 Credit Carryover

	(a)	(b)	(c)	(d)
	Carryover credit from taxable year	Original credit amount	Amount previously used	Available carryover - subtract column (c) from column (b)
14	2001			
15	2002			
16	Total available pre-2003 credit carryover			

Part IV Available Post-2002 Credit Carryover

	(a)	(b)	(c)	(d)
	Carryover credit from taxable year	Original credit amount	Amount previously used	Available carryover - subtract column (c) from column (b)
17	2003			
18	2004			
19	2005			
20	Total available post-2002 credit carryover			

Part V Application of Credit Carryovers

LIMITATION OF PRE-2002 CREDIT CARRYOVER: You may not be able to use all your available pre-2003 credit carryovers from Part III, line 16 to offset this year's tax liability. Complete Part V to determine which credit carryovers you may claim. Also complete Part V to figure the total of all of your available credit carryovers (amounts from Part III, line 16 and Part IV, line 20) that you may claim this year.

21a	Tax liability - amount from Form 301, Part II, line 32	21a	11,020	00
21b	Current taxable year's credit - add the amounts from page one, Part I, line 12 and Part II, line 13	21b	1,553	00
21c	Subtract line 21b from line 21a	21c	9,467	00
22a	Available pre-2003 credit carryover - amount from Part III, line 16	22a		00
22b	Enter the lesser of line 21a or \$500,000	22b	11,020	00
22c	Subtract line 21b from line 22b (if the result is zero or less, enter zero)	22c	9,467	00
22d	Enter the lesser of line 22a or line 22c. This is the amount of pre-2003 carryover that you may use	22d		00
23	Subtract line 22d from line 21c	23	9,467	00
24	Enter the lesser of line 20 or line 23. This is the amount of post-2002 carryover that you may use	24		00

NOTE: The amount of the credit carryover you may claim on your tax return may be further reduced if you claim other nonrefundable tax credits. See Form 301 for details.

Part VI Total Available Credit

25	Enter the current year's credit from Part V, line 21b	25	1,553	00
26	Credit carryover - add the amounts from Part V, line 22d and 24	26		00
27	Total available credit - add lines 25 and 26. Enter total here and on Form 301 Part I, line 6	27	1,553	00

Part VI Available Credit Carryover

	(a)	(b)	(c)	(d)
	Carryover credit from taxable year ending	Original credit amount	Amount previously used or expired	Available carryover - subtract column (c) from column (b)
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39	Total available carryover			

Part VII Total Available Credit

40 Current year's credit. Individuals, corporations, or S corporations - enter amount from Part I, line 3.

S corporation shareholders - enter the amount from Part III, line 12.

Partners of a partnership - enter amount from Part IV, line 16

41 Available credit carryover - from Part VI, line 39, column (d)

42 Total available credit. Add line 40 and line 41. Enter total here and on Form 300, Part I, line 3 or Form 301, Part I, line 3

40	2,000	00
41		00
42	2,000	00

ARIZONA FORM**Pollution Control Credit****2006****315**

For the calendar year 2006 or
fiscal year beginning _____ and ending _____.

Attach to your return

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

TEST FOREMAN DECD & SOPHIA HAPGOOD

Social security number or employer identification number

400-00-7508**Part I Schedule of Equipment and Calculation of Current Taxable Year's Credit**

If additional space is needed, attach a separate schedule.

(a) Date property placed in service	(b) Description	(c) Total cost of property used to reduce pollution
1 02-02-2006	SCRUBBERS FOR PLANT	20,000 00
2		00
3		00
4		00
5		00
6		00
7		00
8		00
9		00
10		00
11 Total - add lines 1 through 10 in column (c)	11	20,000 00
12 Total from continuation sheet if applicable	12	00
13 Total cost of pollution control equipment - add lines 11 and 12	13	20,000 00
14 Tentative credit for current taxable year - multiply line 13 by 10% (.10)	14	2,000 00
15 Maximum credit allowed	15	\$ 500,000 00
16 Credit for current taxable year - enter the lesser of line 14 or line 15	16	2,000 00

A taxpayer who elects to take a credit pursuant to ARS § 43-1081 or §43-1170 shall reduce the basis for depreciation or amortization of the cost of the pollution control equipment by the amount of the credit claimed.

Part II S Corporation Credit Election and Shareholder's Share of Credit

17 The S corporation has made an irrevocable election for the taxable year ending _____ to:
(CHECK ONLY ONE BOX)

- ☐ Claim the pollution control credit as shown on Part I, line 16 (for the taxable year mentioned above);
OR
☐ Pass the pollution control credit as shown on Part I, line 16 (for taxable year mentioned above) through to its shareholders.

Signature

Title

Date

If passing the credit through to the shareholder, complete lines 18 through 20 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 315.

18 Name of shareholder _____

19 Shareholder's TIN _____

20 Shareholder's share of the amount on Part I, line 16 20 00

Part III Partner's Share of Credit

Complete lines 21 through 23 separately for each partner. Furnish each partner with a copy of the completed Form 315.

21 Name of partner _____

22 Partner's TIN _____

23 Partner's share of the amount on Part I, line 16

23		00
----	--	----

Part IV Available Credit Carryover

	(a)	(b)	(c)	(d)
	Carryover credit from taxable year ending	Original credit amount	Amount previously used	Available carryover - Subtract column (c) from column (b)
24				
25				
26				
27				
28				
29	Total available carryover			

Part V Total Available Credit

30 Current year's credit. Individuals, corporations, or S corporations - enter amount from Part I, line 16.
S corporation shareholders - enter the amount from Part II, line 20.
Partners of a partnership - enter amount from Part III, line 23

30	2,000	00
----	-------	----

31 Available credit carryover - from Part IV, line 29, column (d)

31		00
----	--	----

32 Total available credit. Add line 30 & line 31. Enter total here & on Form 300, Part I, line 8 or Form 301, Part I, line 10

32	2,000	00
----	-------	----

ARIZONA FORM

Credit for Employment of TANF Recipients

2006

320

For the calendar year 2006 or fiscal year beginning _____ and ending _____.
--

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X OR 165

TEST FOREMAN DECD & SOPHIA HAPGOOD

YOUR SOCIAL SECURITY NO. OR FEDERAL EMPLOYER ID NO.

400-00-7508

Part I Business Information

- 1 Business name: TANF BUSINESS
- 2 Business location: 3849 YURI WAY
PHOENIX, AZ 85045
- 3 Federal Employer Identification Number: 19-8984498

Part II Net Increase in Qualified Employment Positions

4 Average number of qualified employment positions during the current taxable year	4	10
5 Average number of qualified employment positions during the immediately preceding taxable year	5	5
6 Net increase in the number of qualified employment positions: Subtract line 5 from line 4	6	5
7 Number of positions on line 6 that are eligible for any other income tax credit under Arizona law	7	1
8 Maximum number of positions eligible for the credit: Subtract line 7 from line 6	8	4

Part III Qualifying New Employees

9 New employees hired during the year	9	10
10 Qualified new employees	10	5
11 Maximum number of qualifying net new employees: Enter the smaller of line 8 or line 10	11	4

Part IV Credit Calculation for Qualifying Employees

	(a) No. of Qual- ifying Employees	(b) Qualifying Wages	(c) Percentage	(d) Allowable Credit
12 Qualifying Net New Employees 12	1	\$ 2,000	25%	\$ 500
13 Previously Qualified Employees in the Second Year of Continuous Employment 13	1	\$ 2,500	33 1/3%	\$ 833
14 Previously Qualified Employees in the Third Year of Continuous Employment 14		\$	50%	\$
15 TOTALS 15	2			\$ 1,333

Part V S Corporation Credit Election and Shareholder's Share of Credit

- 16 The S corporation has made an irrevocable election for the taxable year ending _____
to (check only one box):
- ☐ Claim the credit, as shown on Part IV, line 15, column (d), for the taxable year mentioned above;
OR
- ☐ Pass the credit, as shown on Part IV, line 15, column (d), for the taxable year mentioned above
through to its shareholders.

Signature

Title

Date

If passing the credit through to the shareholders, complete lines 17 through 19 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 320.

- 17 Name of shareholder: _____
- 18 Shareholder's TIN: _____
- 19 Shareholder's share of the amount on Part IV, line 15, column (d)

19 00

Continued on page 2 →

Part VI Partner's Share of Credit

Complete lines 20 through 22 separately for each partner. Furnish each partner with a copy of the completed Form 320.

20

Name of partner: _____

21

Partner's TIN: _____

22

Partner's share of the amount on Part IV, line 15, column (d)

22

00

Part VII Available Credit Carryover

	(a) Carryover From Taxable Year Ending	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract col. (c) from column (b).
23		\$	\$	\$
24		\$	\$	\$
25		\$	\$	\$
26		\$	\$	\$
27		\$	\$	\$
28	TOTAL AVAILABLE CARRYOVER			\$

Part VIII Total Available Credit

29

Current year's credit: Individuals, corporations, or S corporations that are claiming the credit, enter the amount from Part IV, line 15, column (d). S corporation shareholders, enter the amount from Part V, line 19. Partners of a partnership, enter the amount from Part VI, line 22

30

Available carryover from Part VII, line 28, column (d)

31

Total available credit. Add lines 29 and 30. Enter the total here and on Form 300, Part I, line 11, or Form 301, Part I, line 12

29

1,333

00

30

00

31

1,333

00

Qualifying Employees

	(a) Employee's Name	(b) Social Security Number	(c) Date of Hire	(d) Was this employee an Arizona resident on date of hire?	(e) Was this employee receiving TANF benefits on date of hire?
1	EMPLOYEE ONE	111-11-1111	01-01-2005	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	EMPLOYEE THREE	333-33-3333	01-01-2005	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	EMPLOYEE FOUR	444-44-4444	01-01-2006	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have more than 25 qualifying employees, complete additional schedules.

Form 320-2 (2006)

Qualifying Employees for Which You are Taking a Credit

400-00-7508

(a)		(b)		(c)			(d)	(e)		
Employee's Name		Social Security Number		Type of Employee Check the appropriate box. This employee is a:			Total Wages Less Wages Subsidized as Provided by ARS 46-299 Paid to the Employee During the Current Taxable Year	Maximum Allowable Wages Enter the lesser of column (d) or the maximum allowed below.		
				1st Year Employee c1	2nd Year Employee c2	3rd Year Employee c3		Year 1 \$2000 e1	Year 2 \$3000 e2	Year 3 \$3000 e3
1	EMPLOYEE TWO	222-22-2222		X			2,000	2,000		
2	EMPLOYEE THREE	333-33-3333			X		2,500		2,500	
3										
4										
5										
6										
7										
8										
9										
10										
11										
12	TOTAL: Add lines 1 through 11 1 1						4,500	2,000	2,500	

If you have more than 11 qualifying employees, complete additional schedules.

ARIZONA FORM**331****Credit for Donation of School Site****2006**

For the calendar year 2006 or
fiscal year beginning _____ and ending _____.

Attach to your return

Name(s) as shown on Forms 120, 120A, 120S, 120X, 140, 140PY, 140NR, 140X, or 165

TEST FOREMAN DECD & SOPHIA HAPGOOD

Social security number or employer identification number

400-00-7508

The donated real property and improvements must be located in Arizona. The credit is in lieu of a deduction for the donation of the property for which the credit is claimed. (See instructions)

Part I Donated Property Information and Calculation of Current Taxable Year's Credit

Property 1

Property 2

Property 3

1	Arizona county in which the property is located	1	MARICOPA		
2	Parcel number of property	2	23497898773428		
3	Date of property conveyance	3	12-12-2006		
4	Recording number of property conveyance	4	32893389298328		
5	Value of property based on qualified certified appraisal	5	15,006		
6	Multiply the amounts on line 5 in each column by 30 percent (.30)	6	4,502		
7	Add the amounts on line 6 in each column. Enter the total	7	4,502		
8	Total from continuation sheets, if applicable	8			
9	Current taxable year's credit - Add lines 7 and 8	9	4,502		

Part II S Corporation Credit Election and Shareholder's Share of Credit

10 The S corporation has made an irrevocable election for the taxable year ending _____ to:

(CHECK ONLY ONE BOX)

☐ Claim the credit for donation of school site as shown on Part I, line 9 (for the taxable year mentioned above);

OR

☐ Pass the credit for donation of school site as shown on Part I, line 9 (for the taxable year mentioned above) through to its shareholders.

Signature

Title

Date

If passing the credit through to the shareholder, complete lines 11 through 13 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 331.

11 Name of shareholder _____

12 Shareholder's TIN _____

13 Shareholder's share of the amount on Part I, line 9 **13** **00****Part III Partner's Share of Credit**

Complete lines 14 through 16 separately for each partner. Furnish each partner with a copy of the completed Form 331.

14 Name of partner _____

15 Partner's TIN _____

16 Partner's share of the amount on Part I, line 9 **16** **00**

Part IV Available Credit Carryover

	(a)	(b)	(c)	(d)
	Carryover from taxable year ending	Original amount of credit	Amount previously used or expired	Available carryover - subtract column (c) from column (b)
17				
18				
19				
20				
21				
22	Total available credit carryover			

Part V Total Available Credit

23 Current year's credit. Individuals, corporations, or S corporations - enter the amount from Part I, line 9. S corporation shareholders - enter the amount from Part II, line 13.

Partners of a partnership - enter the amount from Part III, line 16 **23** 4,502

24 Available credit carryover - from Part IV, line 22, column (d) **24**

25 Total available credit. Corporations and S corporations - add lines 23 and 24. Enter result here and on

Form 300, Part I, line 14. Individuals - add lines 23 and 24. Enter result here and on Form 301, Part I, line 18 . . . **25** 4,502

ARIZONA FORM

Claim for Refund on Behalf of Deceased Taxpayer

2006

131

Refund claim for calendar year 2006 or other tax year beginning _____ and ending _____

PLEASE PRINT OR TYPE

1 DECEDENT'S NAME (last, first, middle initial) FOREMAN, TEST		2 DATE OF DEATH 10-15-2006	3 DECEDENT'S SOCIAL SECURITY NO. 400-00-7508
4 NUMBER AND STREET (permanent residence or domicile on date of death) 4664 COUSINS PL		5 CITY, STATE, ZIP CODE LAKE HAVASU CITY, AZ 86403	
6 NAME OF PERSON CLAIMING REFUND (last, first, middle initial) HAPGOOD, SOPHIA		7 RELATIONSHIP TO DECEDENT SPOUSE	8 CLAIMANT'S SOCIAL SECURITY OR FEDERAL I.D. NO. 118-91-9819
9 NUMBER AND STREET OF PERSON CLAIMING REFUND 4664 COUSINS PL		10 CITY, STATE, ZIP CODE LAKE HAVASU CITY, AZ 86403	

11 I am filing this claim as (check only one box):

a ☒ Surviving spouse claiming a refund based on a joint return.

b ☐ Court Appointed Personal Representative for the decedent's estate.
Attach a court certificate (issued after death) showing your appointment.

c ☐ Person other than 11a or 11b claiming refund for the decedent's estate.
Complete Schedule A below, and attach a copy of the death certificate or proof of death. Please attach requested information and sign below.
If you checked box 11c, complete Schedule A.

FOR DOR USE ONLY

88

81 80

SCHEDULE A: Complete only if you checked box (c) above.

	YES	NO
12 Did the decedent leave a will?	<input type="checkbox"/>	<input type="checkbox"/>
a Has a personal representative been appointed for the estate of the decedent?	<input type="checkbox"/>	<input type="checkbox"/>
b If "No", will one be appointed? If you answered "Yes" to 12a or 12b, do not file this form. The personal representative should file for the refund.	<input type="checkbox"/>	<input type="checkbox"/>
13 As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident? If you answered "No", a refund cannot be made until you submit a court certificate showing your appointment as personal representative or until you submit other evidence that you are entitled under state law to receive the refund.	<input type="checkbox"/>	<input type="checkbox"/>

I request a refund of taxes overpaid by, or on behalf of, the decedent. I, the undersigned claimant, certify under all penalties, fines and forfeitures imposed by law for the making of false or fraudulent claims against the State of Arizona or the making of false statements in connection therewith, that the statements made herein have been examined by me and that such statements are true to the best of my knowledge and belief.

Signature of Person Claiming Refund

02-10-2007
Date

Instructions

- Attach this form to the front of the income tax return that would have been filed if the decedent had lived.
- If the refund is issued in the name of the decedent, it may be cashed with the endorsement of the executor or administrator of the estate.
- Attach any required documents, certificates, etc., to this form.
- For military personnel, the original or an authentic copy of a telegram or letter from the Department of Defense notifying the next of kin of the decedent's death while in active service, or a death certificate issued by the Department of Defense will be sufficient proof of death.
- As the surviving spouse or personal representative, you may be required to file a fiduciary return (Form 141AZ) for the decedent's estate. For further information concerning this form, call (602) 255-3381, or toll-free from area codes 520 and 928, call (800) 352-4090.

*****KEEP FOR YOUR RECORDS*****

AVERAGE NUMBER OF FULL TIME EMPLOYEES

Complete the following worksheet to determine the average number of full time employees. On lines 1 through 12 of the worksheet, enter the number of full time employees employed at the end of each month by the business located in the enterprise zone.

	Current Taxable Year	Immediately Preceding Taxable Year
1 January	<u>2</u>	<u>1</u>
2 February	<u>2</u>	<u>1</u>
3 March	<u>2</u>	<u>1</u>
4 April	<u>2</u>	<u>1</u>
5 May	<u>2</u>	<u>1</u>
6 June	<u>2</u>	<u>1</u>
7 July	<u>2</u>	<u>1</u>
8 August	<u>2</u>	<u>1</u>
9 September	<u>2</u>	<u>1</u>
10 October	<u>2</u>	<u>1</u>
11 November	<u>2</u>	<u>1</u>
12 December	<u>10</u>	<u>1</u>
13 Total - Add lines 1 through 12.	<u>32</u>	<u>12</u>
14 Total number of months during the taxable year in which the employer was in business.	<u>12</u>	<u>12</u>
15 Average - Divide the amount on line 13 by the amount on line 14. Do not round the quotient.	<u>2.67</u>	<u>1.00</u>

*******KEEP FOR YOUR RECORDS*******

Credit Carryover Worksheet

Keep this worksheet with your records. Use this information to complete your 2007 credit forms that you will file in 2008.

(a) Credit Type On the lines below, enter the types of credits available to you for 2006.		(b) Carryover? May the unused credit for the type of credit entered in column (a) be carried forward? (See the applicable credit form for information about a specific credit.) Check either yes or no. if the answer is no, do not complete columns (c) through (e) for that line.		(c) 2006 Credit On the lines below, enter the amount of each credit available to you for 2006. Take these amounts from Form 301, lines 1 through 22 or Form 300, lines 1 through 17.	(d) Credit used for 2006 On the lines below, enter the amount of each credit used for 2006. Take these amounts from Form 301, lines 35 through 56 or Form 300, lines 28 through 44.	(e) Carryover to 2007 For each line on which you have entered an amount, subtract the amount in column (d) from the amount in column (c). This is the amount of each credit that you may carryover to 2007, providing the credit carryover may be carried to 2007. Use this figure when completing the appropriate 2007 credit form.
				YES	NO	
1.	302	X		45,150	11,020	34,130
2.	304	X		2,500		2,500
3.	305	X		2,000		2,000
4.	308I	X		1,553		1,553
5.	315	X		2,000		2,000
6.	320	X		1,333		1,333
7.	331	X		4,502		4,502
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

*****KEEP FOR YOUR RECORDS*****

Clean Elections Fund Tax Reduction Worksheet

You may designate \$5 of your tax go to the Clean Elections Fund and may also reduce your tax by up to \$5. If you are married filing a joint return, both you and your spouse may make this designation and also reduce your tax by up to \$10.

NOTE: Amounts designated to the Clean Elections Fund Tax Reduction do not qualify for the Clean Elections Fund Tax Credit.

1. Enter the amount of tax from Form 140
line 22, Form 140NR line 25, or Form 140PY
line 25. 1. 11,030

2. If you checked the box for yourself, enter \$5.
If a joint return and your spouse also checked
the box for spouse, enter \$10. 2. 10

3. Balance of tax eligible for tax reduction.
Subtract line 2 from line 1. If less than
zero, enter zero "0". 3. 11,020

4. If you checked the box for yourself, enter \$5.
If a joint return and your spouse also checked the
box for spouse, enter \$10. 4. 10

5. Tax reduction. Enter the lesser of line 3
or line 4. Also enter this amount on Form
140, line 24, Form 140NR line 27, or Form
140PY line 27. 5. 10

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use IRS e-file		Visit the IRS website at www.irs.gov/efile.	
b Employer identification number (EIN) 93-1422446				1 Wages, tips, other compensation 17,400		2 Federal income tax withheld 2,100	
c Employer's name, address, and ZIP code MEXICO AVENTURAS RIO LERMO NO 1665 81000 XALAPA VERACRUZ				3 Social security wages 17,400		4 Social security tax withheld 1,079	
				5 Medicare wages and tips 17,400		6 Medicare tax withheld 252	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-7508				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST F STILES 4664 COUSINS PL LAKE HAVASU CITY AZ 86403				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other FOR TAX 1,600		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID no. AZ 934142		16 State wages, tips, etc. 17,400		17 State income tax 5,000		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** **Wage and Tax
Statement**

2006

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

The information on this Form W-2 was used to prepare
the taxpayer's 2005 Federal tax return by .



VOID



CORRECTED

PAYER'S name, street address, city, state, and ZIP code Lumpey Distributions 1077 West Yarwood Lane Salt Lake City UT 84101		1 Gross distribution \$ 3,800 2a Taxable amount \$		OMB No. 1545-0119 2006 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.
PAYER'S federal identification number	RECIPIENT'S identification number 118-91-9819	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		
RECIPIENT'S name SOPHIA HAPGOOD Street address (including apt. no.) 4664 COUSINS PL City, state, and ZIP code LAKE HAVASU CITY AZ 86403		5 Employee contributions /Designated Roth contributions or insurance premiums/ \$		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution Code A	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %		
		9a Your percentage of total distribution %		9b Total employee contributions \$		
1st year of desig. Roth contrib.		10 State tax withheld \$		11 State/Payer's state no. AZ AZ5551212		
Account number (see instructions) 567000123		13 Local tax withheld \$		14 Name of locality		12 State distribution \$ 3,800
		\$		15 Local distribution \$		

Form **1099-R**

Department of the Treasury - Internal Revenue Service

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VOID



CORRECTED

PAYER'S name, street address, city, state, and ZIP code Railroad Retirement Board 1750 Grant Avenue Chicago IL 60601		1 Gross distribution \$ 1,501 2a Taxable amount \$ 1,500		OMB No. 1545-0119 2006 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.
PAYER'S federal identification number	RECIPIENT'S identification number 118-91-9819	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		
RECIPIENT'S name SOPHIA HAPGOOD Street address (including apt. no.) 4664 COUSINS PL City, state, and ZIP code LAKE HAVASU CITY AZ 86403		5 Employee contributions /Designated Roth contributions or insurance premiums/ \$		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution Code 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %		
		9a Your percentage of total distribution %		9b Total employee contributions \$		
1st year of desig. Roth contrib.		10 State tax withheld \$		11 State/Payer's state no. AZ AZRR456700		
Account number (see instructions)		13 Local tax withheld \$		14 Name of locality		12 State distribution \$ 1,500
		\$				\$
		\$				\$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

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